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WASHINGTO	N, DC 20003-1209						(Depositor's name)
							(Signature)
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.		Y DOCKET NO.	CONFIRMATION NO.
10/594,949 06/21/2007 Takeshi Sakamoto 46884-5520 (232061) 1891 TITLE OF INVENTION: LASER PROCESSING METHOD AND SEMICONDUCTOR CHIP							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	03/30/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
KHAN, FARID H		2893	438-460000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (3: CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> <li>ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O</li> </ol>			2. For printing on the patent front page, list  (I) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  I Drinker Biddle				
	less an assignee is identi h in 37 CFR 3.11. Comp		THE PATENT (print or typed data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY	ntent. If an assigned			nument has been filed for
HAMAMATSU	PHOTONICS K. R	Hamamatsu-shi, Shizuoka, Japan					
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are submitted:  XX Issue Fee  XX Publication Fee (No small entity discount permitted)  XX Advance Order - # of Copies3			4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed.  ※ Payment by credit card. Form PTO-2038 is attached.  ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0573 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.			(ANY DEFICIENCIES)  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				
NOTE: The Issue Fee and	d Publication Fee (if requ	nired) will not be accepted	from anyone other than the Office.				
Authorized Signature			Office.			29, 2010	
Typed or printed name <u>Peter J. Sistare</u>			Registration No. 48, 183				
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